

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

37773

Registration District No.

318

Primary Registration District No.

1003

Registrar's

9828

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u> | | | | Length of stay in lb <u>2/6</u> | | STREET ADDRESS <u>4136 Miami</u> (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>Emil</u> Middle <u>J.</u> Last <u>Lopinot</u> | | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>19</u> Year <u>1957</u> | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Mar. 18, 1905</u> | |
| 9. AGE (In years last birthday) <u>52</u> | | 10. UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | | 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Harrison Realty Co.</u> | | | |
| 13. FATHER'S NAME <u>Edgar Lopinot</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Unk.</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u> | | | | 16. SOCIAL SECURITY NO. <u>488-07-2888</u> | | | |
| 17. INFORMANT <u>Irene Lopinot</u> | | | | Address <u>4136 Miami</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma right bronchus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>163x</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | |
| INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour <u> </u> a. m. <u> </u> p. m. <u> </u> Month, Day, Year <u> </u> | | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u> | | | |
| 21. I attended the deceased from <u>May 8, 1953</u> to <u>Oct. 19, 1957</u> and last saw her alive on <u>Oct. 19, 1957</u> Death occurred at <u>113 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Wm. Stracker, M.D.</u> | | | | 22b. ADDRESS <u>3720 Washington Blvd.</u> | | | |
| 22c. DATE SIGNED <u>10-21-57</u> | | | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | | |
| 23b. DATE <u>10-22-57</u> | | | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel, XXXX</u> | | | |
| 23d. LOCATION (City, town, or county) <u>Belleville, Ill.</u> | | | | (State) | | | |
| 24. FUNERAL DIRECTOR <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>OCT 21 57</u> | | | |
| 26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>mgs</u> | | | | | | | |

Ernest D. Becker
3720 Washington
163
Room 540

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Van Noy

Licensed Embalmer No. 4342

P. O. Address 5010 S. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.